



City of Hastings
Application for Business Solicitation License
Mobile Food Unit

Type of license applying for: Annual \$225 Daily \$30

Application Checklist

- | | |
|--|---|
| Completed Application | Fees |
| Completed and signed MN Worker's Compensation Law Form | Copy of valid Driver's license or government issued ID |
| Proof of MN Department of Health License | Certificate of Insurance |
| | Agreement from owners of private property where sales will be conducted |

Date of Request: _____

APPLICANT INFORMATION:

Applicant name:	
Current address:	
Primary Phone:	Alternate Phone:
Date of Birth:	Driver's License State/Number:

BUSINESS INFORMATION:

Name of Company:			
Business Address:	City	State	Zip
Email:	Website:		
List all other names under which you conduct business (<i>legal names, mobile food unit signage, parent companies, DBA, etc.</i>)			

DESCRIPTION OF MOBILE FOOD UNIT:

Name and description of products:			
Vehicle(s) used for this business: (If more than one, please list separately)			
Make	Model		
Year	License Plate Number & State	Color	
Proposed location of sales*:			
<i>*If on private property, a letter of consent from property owner must be attached</i>			
Proposed dates of sales:			

Proposed hours of sales:

**City must be notified of every occurrence of sales on approved public and private property, see attached map for approved public locations.*

Three most recent locations where same permit has been issued:
1: _____
2: _____
3: _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but **excluding** traffic violations? Yes No

If yes, please explain the date and place of conviction and nature of the offense.

INDEMNIFICATION AND INSURANCE INFORMATION:

The applicant hereby agrees to save, defend, hold harmless, and indemnify the City of Hastings and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages injuries, fines, penalties, and costs, including attorneys' fees, charges, liability, or other exposures, however caused, resulting from, arising out of, or in any way related to the applicant's activity as herein described and applicant's use of City property and/or right-of-way. Nothing herein shall have any effect on the City's right to assert any liability defense in accordance with Minnesota Statutes, Chapter 466.

The City, in its sole discretion, may require the Applicant to obtain liability insurance coverage(s) for any event. If the City notifies the Applicant in writing that liability insurance is required, the Applicant must provide proof of the appropriate liability insurance(s) in the amount(s) provided herein.

The Applicant must provide the City with a Certificate of Insurance showing proof of the required liability insurance(s). The City must be listed as an additional insured on all liability policies. Applicant's insurance shall act as the primary insurance coverage for any claims of loss covered by the insurance policy.

The City, in its sole discretion, may require an Applicant to obtain any or all of the following insurance coverage, in at least the coverage amounts contained herein:

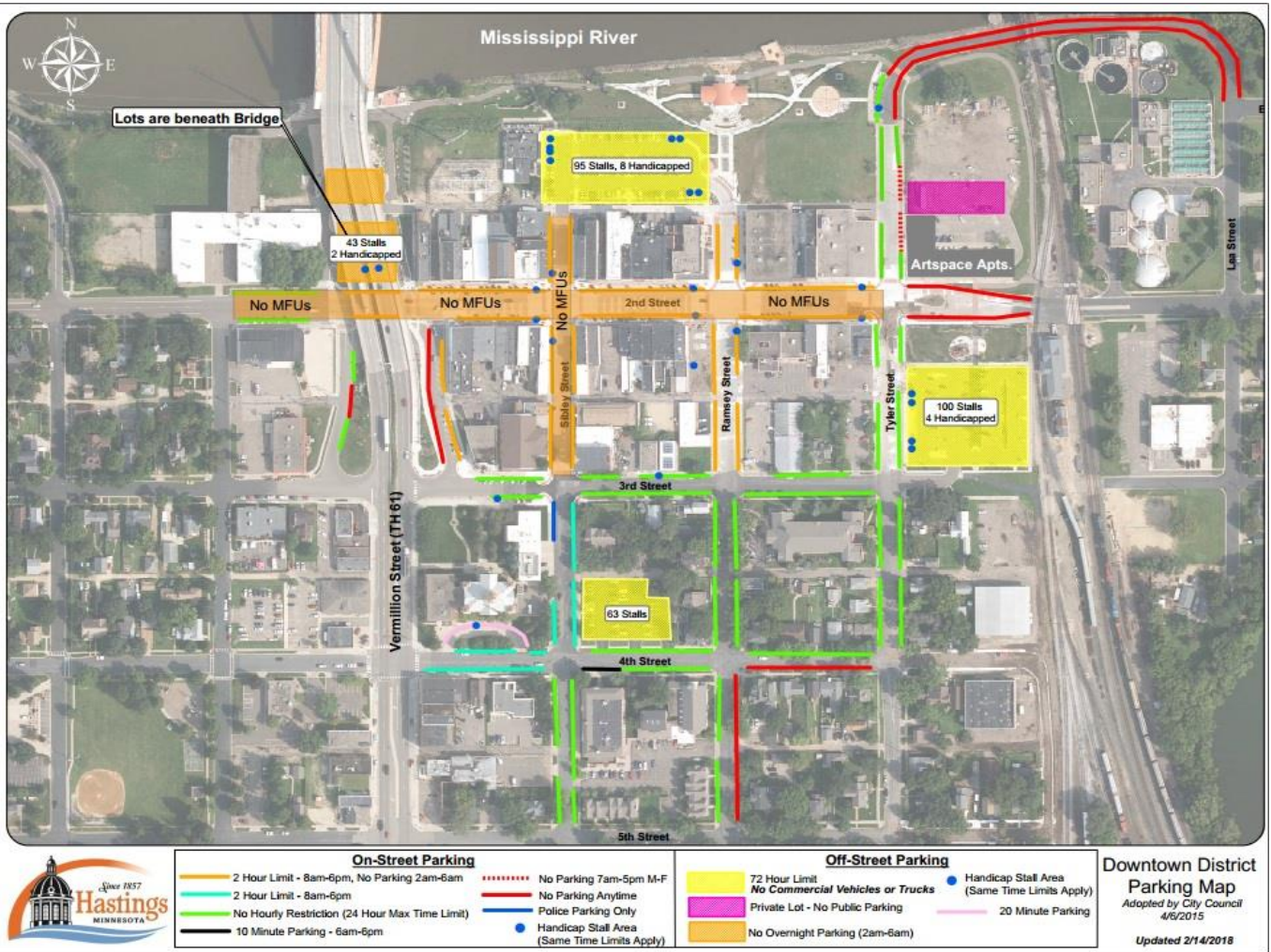
1. Commercial general liability insurance or equivalent coverage protecting Applicant and City from claims for damages or bodily injury and property damage which may arise out of or in connection with the operation and use of the City's property or right-of-way. This general liability insurance policy shall be in an amount not less than \$1,000,000.00 per occurrence.
2. If Applicant will be using an automobile for any portion of the Applicant's event, Applicant must obtain automobile liability insurance in an amount not less than \$1,000,000.00 per occurrence. Such policy must include liability coverage for owned, nonowned, and hired automobiles.

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.*

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND UNDERSTAND THAT ANY MISSTATMENTS OR OMISSIONS OF MATERIAL FACTS MAY RESULT IN DISQUALIFICATION OR DENIAL OF THE LICENSE.

Signature of Applicant

Date



A food truck may not take up more than two spaces in any lot or on any approved side street. Sales on 2nd Street and Sibley Street between the Levee Park parking lot and 3rd Street are allowed only as part of a community event designated by City Council.

The City of Hastings distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system by sending an email to OrdinanceAmendment-subscribe@hastingsmn.gov.

For office use only:

Application received:
 COI received:

Copy of state license:
 Fees paid:



City of Hastings
101 4th St E
Hastings, MN 55033
Phone: 651-480-2350 Fax: 651-437-7082
www.hastingsmn.gov

LETTER OF CONSENT

This letter hereby authorizes _____ to sell
(Vendor name)
or provide goods or services adjacent to my private property located at
_____. This shall run concurrent with the
(Address of property)

license. If at any time the license expires or is revoked, this consent shall be void. The owner and operator of the vendor business is required to comply with all applicable sections of the City of Hastings Ordinances and State of Minnesota Statutes. Failure to do so will cause license for said location to be revoked.

The vendor agrees to hold harmless the property owner for any claims for damage to property or injury to persons which may be caused by any activity in connection with the issuance of any mobile food vendor license.

Owner of Property

Name _____
(please print)
Signature _____
(owner or legal representative)
Title _____
Phone Number _____
Date _____

Vendor

Name _____
(please print)
Signature _____
(owner of vendor business)
Phone Number _____
Date _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**City of Hastings
Acknowledgement of
Review of Ordinance**

I hereby certify that I have reviewed the City's Ordinance found on the City of Hastings Website, www.hastingsmn.gov, and applicable resolutions and related information and will familiarize myself with the contents thereof. I understand that it is my responsibility to comply with the provisions of state law and local regulations with regard to the license for which I am applying.

Business

Business Representative Name & Title

Date